

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/11/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G635		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/07/2012	
NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 440 N KNOX ST GARY, IN 46403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W0000	<p>This visit was for a post certification revisit to an extended recertification and state licensure survey conducted on July 23, 2012.</p> <p>Dates of Survey: September 5, 6 and 7, 2012.</p> <p>Facility number: 001211 Provider number: 15G635 AIM number: 100244030</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/18/12 by Ruth Shackelford, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, for 1 of 2 sampled clients and 1 additional client (clients #1 and #3), the facility failed to ensure the clients' rights by not obtaining a legally sanctioned decision maker.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted at the facility's administrative office on 9/6/12 at 2:10 P.M.. Review of client #1's "Conference Summary Form" dated 3/11/11 indicated: "Needs assistance with making major life decisions." The "Developmental Assessment" dated 4/4/12 indicated: "Does not use money...requires assistance with all banking/budgeting needs. She cannot be sent on independent shopping errands and does no shopping at present. Is unable to endorse a check, cannot write or print any words, and does not read. Has no understanding of numbers. She is unable to tell time. She does not associate time on a clock with various</p>		W0125	<p>Client #1's Mother is in the process of obtaining an attorney for guardianship. Client #3 will obtain guardianship through NIAGS. All paperwork has been submitted.</p> <p>To ensure future compliance, Service Coordinator will continue to monitor guardianship process until each of these clients' guardianship has been finalized.</p>		10/02/2012	

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	<p>events. She has no understanding of time intervals, equivalents, or concepts." The Individual Support Plan (ISP) dated 6/21/12 indicated: "Legal Status: Self...Will learn to better communicate by pointing to pictures. Will learn to sort coins...Will learn to recognize her own medications...Is nonverbal and is receiving training in communication."</p> <p>A review of client #3's record was conducted at the facility's administrative office on 9/6/12 at 2:50 P.M.. The "Developmental Assessment" dated 3/30/12 indicated: "Has some difficulty seeing. Unable to walk and uses a wheelchair. Doesn't use money, requires assistance with all her banking and budgeting needs. Cannot be sent on shopping errands and does no independent shopping. Cannot endorse a check, Cannot write or print words. Is nonverbal. No understanding of numbers, unable to tell time, does not associate time on clock with various actions and events. No understanding of time intervals." The ISP dated 6/22/12 indicated: "Legal Status: Self."</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 9/7/12 at 12:30 P.M.. The SC indicated clients #1 and #3 did not have legal sanctioned</p>						

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	<p>decision makers to assist in making financial decisions and were not capable of making financial decisions independently.</p> <p>This deficiency was cited on 7/23/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>						

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 of 4 clients residing at the group home (client #3), to promote her dignity by not ensuring she was groomed.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 9/5/12 from 5:00 P.M. until 7:15 P.M.. During the entire observation client #3 was observed to have her hair not combed.</p> <p>An interview with Direct Support Professional (DSP) #2 was conducted on 9/5/12 at 6:15 P.M.. DSP #2 indicated client #3 needed a hair cut and further indicated staff would have to put in for a voucher to pay for client #3 to get a hair cut.</p> <p>An interview with the Service Coordinator (SC) was conducted on 9/7/12 at 12:30 P.M.. The SC indicated the group home Direct Support Professional (DSP) staff are responsible for ensuring client #3 is prompted to comb her hair and responsible for taking</p>		W0268	<p>Client #3 received a haircut on 9/15/12. Staff have been re-trained to ensure that all client's are prompted to comb their hair, taken for haircuts, and assisted when necessary. To ensure future compliance, Service Coordinator will visit the home bi-monthly to ensure all client's are properly groomed and have had haircuts.</p>		10/02/2012	

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	<p>the client to get hair cuts.</p> <p>This deficiency was cited on 7/23/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-5(a)</p>						